	nis Period (Do not Include in Line 9 or	0
11 Above)	v Evnonge Brid (Add Lines 0, 11, and	
13)	y Expenses Paid (Add Lines 9, 11, and	0
15) 15. Total Value of In Kind Expense	se This Period	
*	SH ON HAND	0
ENDING CA	ash on hand	
	nis Reporting Period (Subtract Line 14	0
from Line 7)		
	IRMATION	
Declare Under Penalty of Perjury That the Fore	egoing is true and Correct.	
Signature / // // Signature		
Date / A /) - 1	.005	
CAMPAIGN CONTRIBUTIONS Rep	oort Period #	N/A
Name (print)	Office (if applicable)	
rains (pinn)	District (if applicable)	
O 1 11 11 11 11 France of \$400 on 14	then Added Toucthou from One	
Contributions in Excess of \$100 or, W Contributor Exceeds \$100	men Added Together from One	
Continuator Excoord Titl		
Contributor's Name and Address	Date of Each Contribution Amount	
Contributor's Name and Address of Each Contribution	Date of Each Contribution Amount Check Here If Loan	
Contributor's Name and Address of Each Contribution		
Contributor's Name and Address of Each Contribution		
Contributor's Name and Address of Each Contribution		
Contributor's Name and Address of Each Contribution		
Contributor's Name and Address of Each Contribution		
Contributor's Name and Address of Each Contribution		
Contributor's Name and Address of Each Contribution		
Contributor's Name and Address of Each Contribution		
Contributor's Name and Address of Each Contribution		
Contributor's Name and Address of Each Contribution		
of Each Contribution	Check Here If Loan	
Contributor's Name and Address of Each Contribution This page may be copied or duplicate	Check Here If Loan	
This page may be copied or duplicate	ted if additional space is needed.	
of Each Contribution	ted if additional space is needed.	
This page may be copied or duplicate	ted if additional space is needed.	
This page may be copied or duplicate	ted if additional space is needed. oort Period # Office (if applicable)	
This page may be copied or duplicate CAMPAIGN CONTRIBUTIONS Rep	ted if additional space is needed.	
This page may be copied or duplicate CAMPAIGN CONTRIBUTIONS Rep	ted if additional space is needed. port Period # Office (if applicable) District (if applicable)	
This page may be copied or duplicate CAMPAIGN CONTRIBUTIONS Rep	ted if additional space is needed. oort Period # Office (if applicable)	
This page may be copied or duplicate CAMPAIGN CONTRIBUTIONS Rep	ted if additional space is needed. port Period # Office (if applicable) District (if applicable)	
This page may be copied or duplicate CAMPAIGN CONTRIBUTIONS Report Name (print) CONTRIBUTION CONTRIBUTION	ted if additional space is needed. oort Period # Office (if applicable) District (if applicable) ontributions of \$100 or Less	

 	·	· · · · · · · · · · · · · · · · · · ·	
	<u> </u>		
 1		1	
 			
 	 		
 		·	
 		· · · · · · · · · · · · · · · · · · ·	
<u> </u>	ļ <u>.</u>	·	
	1		1
 	7		
 			
 		! <u></u>	
 		İ	
 	i	·	<u> </u>
 !	<u> </u>	<u> </u>	!
	1		1
	 		}
 		<u> </u>	
 4	 	I	1
 :	·]
		i	
		1	
	1	1	
 	 		
	 	ļ	
	1	<u> </u>	: L.,

Name (print)

CAMPAIGN EXPENSES

Office (if applicable)
District (if applicable)

Expense Categories

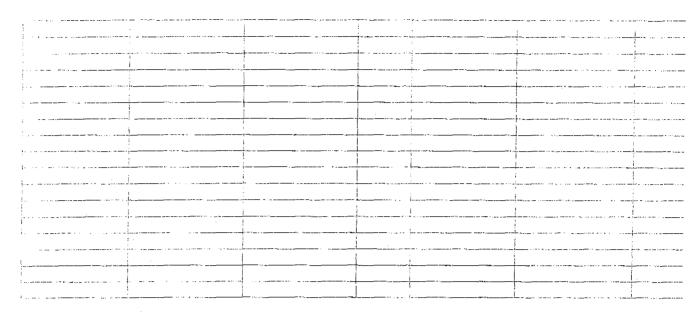
Report Period #

CATEGORIES	CODE
Office expenses	Α
Expenses related to volunteers	В
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н

** Goods and services provided in kind for which money would otherwise have been paid

** NRS 294A.362 requires In Reseparate form, which is attached. CAMPAIGN EXPENSES	(ind" contributions and expenses to be reg	ported on a
Name (prínt)	Office (if applicable) District (if applicable	a)
Expe	nses in Excess of \$100	
NAME AND ADDRESS OF RECEIVED THE PAYMENT Previous Page) NRS 294A.365	PERSON, GROUP OR ORGANIZATI FOR THE EXPENSE(S) CATEG DATE OF EACH EXP AMOUNT OF EACH EXP	ORY (See PENSE
CAMPAIGN EXPENSES	r duplicated if additional space is need Report Period #	ed.
Name (print) Exper	Office (if applicable) District (if applicable) 1ses of \$100 or Less)
DATE OF EACH EXPE CATEGORY AMOUNT O		N/A

Other miscellaneous expenses



This page may be copied or duplicated if additional space is needed.

IN KIND CONTRIBUTIONS AND EXPENSES REPORT

NRS 294A.362 requires in kind contributions and expenses to be reported SEPaRATELY. Report all in kind contribution and expenses on the following pages.

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space,

printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

IN KIND CAMPAIGN CONTRIBUTIONS Report Period #

N/A

Name (print)

Office (if applicable)
District (if applicable)

IN KIND

Expenses in Excess of \$100

NAME AND ADDRESS RECEIVED THE IN KIND EACH IN KIND EXPENSI	E DATE OF `EACH! VALUE OR COST	ANIZATION WHO N/A DESCRIPTION OF IN KIND EXPENSE OF EACH IN KIND
This page may be copice in KIND CAMPAIGN EX	Office (if applicat	
	IN KIND	applicable)
Ex	openses of \$100 or Less	
DATE OF EACH IN KIND E	XPENSE VALUE OR COST OF EACH IN	
This page may be copie	ed or duplicated if additional space	is needed.

Prescribed by Secretary of State NRS 294A.120, 294A.140, 294A.150 294A.200, 294A.210, 294A.220, 294A.362

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

Contributor's Name and Address

contribution		each in kind Contribution	value	N/A
or cost of each in kind Co	ontribution	Check Here If Loan		
:				بنشیدین
·		!		
:	·			
This page may be copie	ed or duplicated if	additional space is needed. Report Period #		
IN KIND CAMPAIGN CC	DATRIBUTIONS I	Report Period #		N/A
ame (print)		Office (if applicable) District (if applicable)		
	141 1714			
	IN KIND)		
	Contributi	ons of \$100 or Less		
	Contributi	ons of \$100 of ress		
DATE OF EACH IN KIN				N/A
CONTRIBUTION CONTRIBUTION		TION OF IN KIND OR COST OF EACH IN KIN		11,72
			—	
This hade may be con	nied or dunlicated	if additional space is neede	A	
	·	·	u.	
IN KIND CAMPAIGN EX	PENSES Repo	ort Period #		N/A
IN KIND CAMPAIGN EX	PENSES Repo	ort Period #		

date of each in kind

Name (print)

Office (if applicable)
District (if applicable)

IN KIND